

<i>SERFF Tracking Number:</i>	<i>AMST-125839152</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Interstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>08-0187 AND 08-0188</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rule Filing</i>		
<i>Project Name/Number:</i>	<i>NCCI Item B-1411--Revisions to Basic Manual Introduction -- Application of Manual Rules and Part Two--Classifications/08-0187 and 08-0188</i>		

## Filing at a Glance

Companies: American Interstate Insurance Company, Silver Oak Casualty, Inc.

Product Name: Rule Filing	SERFF Tr Num: AMST-125839152	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #? \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 08-0187 AND 08-0188	State Status: Fees verified
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Cheryl Morott	Disposition Date: 10/01/2008
	Date Submitted: 10/01/2008	Disposition Status: Approved
Effective Date Requested (New): 04/01/2009		Effective Date (New): 04/01/2009
Effective Date Requested (Renewal): 04/01/2009		Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: NCCI Item B-1411--Revisions to Basic Manual Introduction -- Application of Manual Rules and Part Two--Classifications	Status of Filing in Domicile: Pending
Project Number: 08-0187 and 08-0188	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: CIF-2008-40
Reference Title: Item B-1411 -Revisions to Basic Manual Introduction - Application of Manual Rules and Part Two-Classifications	Advisory Org. Circular: AR-2008-08
Filing Status Changed: 10/01/2008	
State Status Changed: 10/01/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Dear Commissioner Bowman:	

American Interstate Insurance Company and Silver Oak Casualty, Inc. wish to adopt the rules and supplementary rating information pertaining to NCCI's Circular AR-2008-08, Item Filing B-1411. In accordance with Arkansas' prior approval,

<i>SERFF Tracking Number:</i>	<i>AMST-125839152</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-0187 AND 08-0188</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rule Filing</i>		
<i>Project Name/Number:</i>	<i>NCCI Item B-1411--Revisions to Basic Manual Introduction -- Application of Manual Rules and Part Two--Classifications/08-0187 and 08-0188</i>		

thirty-day waiting period regulations, we respectfully request an effective date of April 1, 2009. We will exercise deemer provision on that date unless disapproved within the thirty-day waiting period or any extensions thereof.

We are enclosing the necessary copies for this filing and the required filing fee of \$25.00. In addition, a self-addressed, stamped envelope for your convenience in replying. Acknowledgement by departmental stamp on a copy of this filing would be appreciated.

If you have any questions, please do not hesitate to contact me at 1-800-256-9052 extension 2112 or e-mail at cmorott@amerisafe.com.

## Company and Contact

### Filing Contact Information

Kathy Wells, State Filing Coordinator	kwells@amerisafe.com
2301 Highway 190 West	(800) 256-9052 [Phone]
DeRidder, LA 70634	(337) 460-3550[FAX]

### Filing Company Information

American Interstate Insurance Company	CoCode: 31895	State of Domicile: Louisiana
2301 Highway 190 West	Group Code: 680	Company Type:
DeRidder, LA 70634	Group Name: Amerisafe, Inc.	State ID Number:
(800) 256-9052 ext. 3323[Phone]	FEIN Number: 58-1181498	

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Silver Oak Casualty, Inc.	CoCode: 26869	State of Domicile: Louisiana
2301 Highway 190 West	Group Code: 680	Company Type:
DeRidder, LA 70634	Group Name: Amerisafe, Inc.	State ID Number:
(800) 256-9052 ext. 3323[Phone]	FEIN Number: 72-1215354	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No

<i>SERFF Tracking Number:</i>	<i>AMST-125839152</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Interstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>08-0187 AND 08-0188</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rule Filing</i>		
<i>Project Name/Number:</i>	<i>NCCI Item B-1411--Revisions to Basic Manual Introduction -- Application of Manual Rules and Part Two--Classifications/08-0187 and 08-0188</i>		
<b>Fee Explanation:</b>			
<b>Per Company:</b>	<b>No</b>		

*SERFF Tracking Number:*      *AMST-125839152*      *State:*      *Arkansas*  
*First Filing Company:*      *American Interstate Insurance Company, ...*      *State Tracking Number:*      *#? \$25*  
*Company Tracking Number:*      *08-0187 AND 08-0188*  
*TOI:*      *16.0 Workers Compensation*      *Sub-TOI:*      *16.0004 Standard WC*  
*Product Name:*      *Rule Filing*  
*Project Name/Number:*      *NCCI Item B-1411--Revisions to Basic Manual Introduction -- Application of Manual Rules and Part Two--Classifications/08-0187 and 08-0188*

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00003266210	\$25.00	10/01/2008
	\$0.00	

SERFF Tracking Number:	AMST-125839152	State:	Arkansas
First Filing Company:	American Interstate Insurance Company, ...	State Tracking Number:	#? \$25
Company Tracking Number:	08-0187 AND 08-0188		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rule Filing		
Project Name/Number:	NCCI Item B-1411--Revisions to Basic Manual Introduction -- Application of Manual Rules and Part Two--Classifications/08-0187 and 08-0188		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/01/2008	10/01/2008

<i>SERFF Tracking Number:</i>	<i>AMST-125839152</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Interstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
<i>Company Tracking Number:</i>	<i>08-0187 AND 08-0188</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
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<i>Project Name/Number:</i>	<i>NCCI Item B-1411--Revisions to Basic Manual Introduction -- Application of Manual Rules and Part Two--Classifications/08-0187 and 08-0188</i>		

## Disposition

Disposition Date: 10/01/2008

Effective Date (New): 04/01/2009

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

*SERFF Tracking Number:*      *AMST-125839152*                      *State:*                      *Arkansas*  
*First Filing Company:*      *American Interstate Insurance Company, ...*      *State Tracking Number:*      *#? \$25*  
*Company Tracking Number:*      *08-0187 AND 08-0188*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *Rule Filing*  
*Project Name/Number:*      *NCCI Item B-1411--Revisions to Basic Manual Introduction -- Application of Manual Rules and Part Two--Classifications/08-0187 and 08-0188*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Explanatory Memorandum	Approved	Yes
<b>Supporting Document</b>	Copy of filing fee check	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>AMST-125839152</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rule Filing</i>		
<i>Project Name/Number:</i>	<i>NCCI Item B-1411--Revisions to Basic Manual Introduction -- Application of Manual Rules and Part Two--Classifications/08-0187 and 08-0188</i>		

## Rate Information

Rate data does NOT apply to filing.



<i>SERFF Tracking Number:</i>	<i>AMST-125839152</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Interstate Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$25</i>
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<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rule Filing</i>		
<i>Project Name/Number:</i>	<i>NCCI Item B-1411--Revisions to Basic Manual Introduction -- Application of Manual Rules and Part Two--Classifications/08-0187 and 08-0188</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	10/01/2008
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**Comments:**

Please view attached documents.

**Attachments:**

P&C Transmittal 08-0187 & 08-0188.pdf

RateRule Filing Schedule for 08-0187 & 08-0188.pdf

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	10/01/2008
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**Bypass Reason:** N/A

**Comments:**

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Approved	10/01/2008
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**Bypass Reason:** N/A

**Comments:**

<b>Satisfied -Name:</b>	Explanatory Memorandum	<b>Review Status:</b> Approved	10/01/2008
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**Comments:**

**Attachment:**

explanatory memorandum for 08-0187 & 08-0188.pdf

<b>Satisfied -Name:</b>	Copy of filing fee check	<b>Review Status:</b> Approved	10/01/2008
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**Comments:**

**Attachment:**

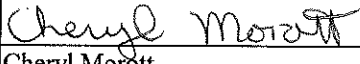
check for filing 08-0187 & 08-0188.pdf

## Property &amp; Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #-	
g. SERFF Filing # AMST-125839152		
h. Subject Codes		

3.	Group Name				Group NAIC #
	Amerisafe, Inc.				680
4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	American Interstate Insurance Company	Louisiana	31895	58-1181498	
	Silver Oak Casualty, Inc.	Louisiana	26869	72-1215354	

5.	Company Tracking Number	08-0187 and 08-0188
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Contact Info of Filer(s) or Corporate Officer(s)		Include toll-free number			
6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Cheryl Morott, 2301 Highway 190 West, DeRidder, LA 70634	Rate Filing Specialist	800-256-9052 extension 2112	337-460-3550	cmorott@amerisafe.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Cheryl Morott		

## Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	16.000 Workers' Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.004 Standard Workers' Compensation
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Rule Filing -
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: April 1, 2009      Renewal: April 1, 2009
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI - CIF-2008-40
17.	Reference Organization # & Title	NCCI-Item B-1411-Revisions to Basic Introduction-Application of Manual Rules and Part Two-Classifications
18.	Company's Date of Filing	October 1, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document-

20.	<b>This filing transmittal is part of Company Tracking #</b>	08-0187 and 08-0188
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Dear Commissioner Bowman:

American Interstate Insurance Company and Silver Oak Casualty, Inc. wish to adopt the rules and supplementary rating information pertaining to NCCI's Circular AR-2008-08, Item Filing B-1411. In accordance with Arkansas' prior approval, thirty-day waiting period regulations, we respectfully request an effective date of April 1, 2009. We will exercise deemer provision on that date unless disapproved within the thirty-day waiting period or any extensions thereof.

We are enclosing the necessary copies for this filing and the required filing fee of \$25.00. In addition, a self-addressed, stamped envelope for your convenience in replying. Acknowledgement by departmental stamp on a copy of this filing would be appreciated.

If you have any questions, please do not hesitate to contact me at 1-800-256-9052 extension 2112 or e-mail at [cmorott@amerisafe.com](mailto:cmorott@amerisafe.com).

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount: \$25.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1. This filing transmittal is part of Company Tracking # 08-0187 and 08-0188

2. This filing corresponds to form filing number  
(Company tracking number of form filing, if applicable) N/A

☐ Rate Increase ☐ Rate Decrease ☒ Rate Neutral (0%)

3. Filing Method (Prior Approval, File & Use, Flex Band, etc.) Prior Approval

4a. Rate Change by Company (As Proposed)

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
American Interstate Insurance Company	0%	0%	9,144,288	423	9,144,288	0%	0%

4b. Rate Change by Company (As Accepted) For State Use Only

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change
N/A							

**5. Overall Rate Information (Complete for Multiple Company Filings only)**

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)	N/A	
5b.	Overall percentage rate impact for this filing	N/A	
5c.	Effect of Rate Filing - Written premium change for this program	N/A	
5d.	Effect of Rate Filing - Number of policyholders affected	N/A	

6. Overall percentage of last rate revision N/A

7. Effective Date of last rate revision N/A

8. Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.) N/A

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn? N/A-----	Previous state filing number, if required by state
01.		[ ] New [ ] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	

**Arkansas**  
**EXPLANATORY MEMORANDUM**

**Filing Number:** 08-0187 and 08-0188

**Company:** American Interstate Insurance Company  
Silver Oak Casualty, Inc.

**Address:** 2301 Highway 190 West  
DeRidder, LA 70634

**NAIC Number:** 0680-31895 and 0680-26869

**State:** Arkansas

**Addressed to:** Julie Benefield Bowman  
Insurance Commissioner  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

**Date of Filing:** 9/30/08

**Line of Insurance:** Workers' Compensation

**Explanation of Filing:** Adopt the rules and supplementary rating information pertaining to NCCI's Circular CIF-2008-040, Item Filing B-1411 with an effective date of April 1, 2009. In accordance with Arkansas' prior approval, 30-day waiting period regulations, we will exercise deemer provision on that date unless disapproved within the 30-day waiting period or any extensions thereof.

**State Filing Forms Attached:** Property & Casualty Transmittal - [2 pages]  
Rate/Rule Filing Schedule  
Explanatory Memorandum  
Check for filing fees.

**Copies:** 1

**Return Envelope:** 0

**Filing Requirements:** Prior Approval

**Proposed Effective Date:** 1-Apr-09

**Check Enclosed:** \$25.00

**Contact Person:** Cheryl Morott  
Rates Filing Services Specialist

**Phone number:** 1-800-256-9052 ext.2112      E-mail: cmorott@amerisafe.com

# American Interstate Insurance Co., Inc

VENDOR	ARKANSAS	CHECK NO	0003021641
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YCH. NO.	INVOICE NO.	DESCRIPTION	NET AMT.
0000326610	CO# 08-0187 08-0188	AIIC & SOCI FILED TOGETHER	25.00

CHECK TOTAL	\$*****25.00
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THE CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW



**American Interstate Insurance Co., Inc**  
 2301 Hwy 190 West  
 De Ridder, La 70634  
 337-463-9052

Comerica  
 Comerica Bank - Texas  
 Dallas, Texas

Check No	Check Date	Vendor No
0003021641	10/01/2008	ARKANSAS

32.75 — 744  
 1110

CHECK AMOUNT	\$*****25.00
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PAY Twenty Five Dollars And No Cents  
 TO THE ORDER OF